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PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	6,958,046
	Issue Date	2005-10-25
	First Named Inventor	WARREN J. WARWICK
	Title	CHEST COMPRESSION APPARATUS
	Attorney Docket Number	39340.1.1.3

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

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I am the:

☒ Inventor, having ownership of the patent.

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Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Inventor or Patent Owner

Signature	<i>Leland G. Hansen</i>	Date	5/11/2010
Name	LELAND G. HANSEN	Telephone	651-646-5995
Title and Company	Inventor/Owner		

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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